

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 1-14-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	X					
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26		1				
27	1					
28		1				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	24					
Total Claims	27					

\* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						